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34013 7390 05/10/2010

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Susan Principe

(Signer's name)

August 4, 2010

(Signature)

(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/06/14,537	07/03/2003	Michael R. Butts	709/93-4022	9026

TITLE OF INVENTION: SYSTEM AND METHOD FOR PERFORMING DESIGN VERIFICATION

APPN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
non-provisional	NO	\$1510	\$300	\$0	\$1810	08/06/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
EL CHANTI, HUSSPIN A	2457	709-227000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).	2. Printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Orrick, Herrington, & Sutcliffe LLP
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).		2
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## 1. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Cadence Design Systems, Inc.

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

 Issue Fee Publication Fee (No small entity discount permitted) Advance Order # of Copies A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 150665 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date August 4, 2010

Typed or printed name

Jeffrey A. Miller

Registration No. 35,287

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